

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/20/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495273</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R-C</b> <b>04/24/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>CONSULATE HEALTH CARE OF NORFOLK</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3900 LLEWELLYN AVE</b> <b>NORFOLK, VA 23504</b>		
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{E 000}	Initial Comments	{E 000}			
{F 000}	INITIAL COMMENTS	{F 000}			
{F 584} SS=E	<p>Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7)</p> <p>§483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft.</p> <p>§483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly,</p>	{F 584}		5/13/19	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

05/09/2019

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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{F 584}	<p>Continued From page 1 and comfortable interior;</p> <p>§483.10(i)(3) Clean bed and bath linens that are in good condition;</p> <p>§483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv);</p> <p>§483.10(i)(5) Adequate and comfortable lighting levels in all areas;</p> <p>§483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and</p> <p>§483.10(i)(7) For the maintenance of comfortable sound levels. This REQUIREMENT is not met as evidenced by: Based on observations and staff interviews the facility staff failed to maintain a clean, sanitary, clutter free, and homelike environment.</p> <p>The facility staff failed to assure resident rooms, corridors and furniture were without excessive dirt, dust and debris and corridors, shower rooms and resident rooms were sanitary, without clutter and items were properly stored.</p> <p>The findings included:</p> <p>During environmental rounds throughout the survey 4/22/19 through 4/24/19, the following concerns were identified: The corridors connecting rooms 235 through 273, and rooms 234 through the sitting area in front of the 1B nurse's station, were with a gritty debris to the floors, black adhered chewing gum was</p>	{F 584}	<p>F584 Safe/Clean/Comfortable/Homelike Environment Corridors connecting rooms 235 through 273 and rooms 234 through sitting area in front of 1B nurse station have been scrapped in various areas and mopped on 4/24/19. 2B yellow shower room were cleaned and sanitized, all items were removed from shower room and disposed of. The large trash bin and linen cart was removed from shower room on 4/24/19. All storage items were removed from the corridor on 2B in front of the rehabilitation gym on 4/24/19. The Garden Cafe Dining Room has been scrapped in various areas and mopped on 4/24/19. All items in rooms from 233 through 226 have been dusted and been cleared of clutter on 4/24/19. Rooms 230 and 233 have been</p>		

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{F 584}	<p>Continued From page 2</p> <p>observed at various places. The Environmental Supervisor used a pocket knife to remove it from the floor in the sitting area in front of the 1B nurse's station.</p> <p>On 4/24/19 at approximately 12:15 p.m., the 2B yellow shower room was observed with Licensed Practical Nurse (LPN) #2. The yellow shower room floor was with dirt and debris, a soiled linen cart, a large trash bin was stored in the room and 2 razors, 3 bottles of body wash, and 5 containers of shaving cream were observed on an open shelf above the commode and 1 bottle of opened lotion was on the back of the toilet. During an interview with the Environmental Supervisor he stated the yellow shower room was out of service therefore the environmental staff would not clean it until they were informed it was back in service. LPN #2, the Director of Nursing and the Executive Director all stated the yellow shower room on 2B was fully operational and if it wasn't they had not been informed of such.</p> <p>The corridor on 2B beside the green shower room and resident rooms and directly in front of the rehabilitation gym was full of storage items; 2 hospital beds, wedges, cushions, a hooyer lift, and 2 reclining chairs with hooyer pads attached. The Garden Café Dining Room was also gritty debris with spill spots and adhered black gum. The Environmental Supervisor stated after 3 p.m., the environmental staff leaves and no one is left to provide floor services after the dinner meal.</p> <p>Rooms from 233 through 226 were with thick dust on the bedside tables, and wardrobes. Even the television screens were extremely dusty.</p> <p>Most rooms throughout the facility had multiple</p>	{F 584}	<p>scrapped in various areas and mopped on 4/24/19. The wardrobes in multiple rooms from 225 through 234 have been repaired and are free of decaying wood particles as of 4/24/19. Room 229 has been cleaned and the dried tube feeding and other liquids were scraped and cleaned off of the floor and the bedrails on 4/24/19. The storage area near the wheel chair scale and the wheel chair scale itself was cleaned and free of dust and debris on 4/24/19. The pink linen carts were removed from the wheelchair scale storage area. Room 121 was cleaned, dusted, and the floor was swept and mopped on 4/24/19. Rooms 137, 139, 143, 163, 164, and 172 was cleaned, swept, mopped, and dusted on 4/24/19. All residents have the potential to be affected. The facility conducted a facility wide audit to identify areas that needed deep cleaning, stripping, waxing and maintenance repairs of rooms on 4/29/19. The facility has completed deep cleaning and maintenance repairs to resident rooms, corridors and furniture to ensure areas were without excessive dirt, dust and resident rooms were sanitary, clutter free and items were properly stored to ensure a clean, sanitary, clutter free and homelike environment. Housekeeping staff were educated by District Manager of Health Care Services on daily, weekly and monthly cleaning expectations including a cleaning competency of cleaning techniques with housekeeping staff to ensure the facility maintains a clean comfortable, home like environment completed on 5/4/19.</p>		

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{F 584}	<p>Continued From page 3</p> <p>plastic bags, boxes or duffle bags full of resident belongings sitting around the rooms resulting in clutter. Among the boxes and bags, debris was observed; it included dust, dirt, salt packages, sugar packages and plain plastic wraps. Room 233, was observed with the Environmental Supervisor, he stated they can't move resident belonging therefore; all debris may not be removed. We also looked at the furniture and television in this room addressing the large amount of dust on the items. The Environmental Supervisor stated we will take care it. He further stated only the nursing staff can perform move resident personal item, we can't. The Environmental Supervisor didn't state he had voiced the need to have the items moved for cleaning purposes to any nursing staff. The same room was observed with the Director of Nursing, she stated she saw the debris, paper and dirt and that no one had brought it to her attention they needed nursing to move items so a thorough cleaning could be performed. We also observed the television and furniture for dust. It was obvious someone had wiped the areas but not completely. Large unwiped areas remained with thick dust.</p> <p>Room 230 and 233 were observed with the Environmental Supervisor for discolored spots on the floors. The Environmental Director stated these are "hot rooms" meaning they require special attention because one resident spits on the floor and another clogs the toilet frequently and it overflows, he further stated we clean these rooms early morning and again just before staff leaves for the day. He couldn't confirm on 4/23/19 at approximately 11:20 a.m., that the floor had been mopped or dusted.</p>	{F 584}	<p>Maintenance was educated on room repairs and competencies of effective maintaining the facility rooms and grounds by the assistant executive director completed on 5/3/19.</p> <p>The Executive Director and/or designee will complete an audit of the facility two times a week for four weeks then weekly for four weeks then monthly for six months to ensure a clean comfortable homelike environment. The results will be reported to the Quality Assurance Performance Improvement Committee by the Executive Director monthly for six months for further compliance and/or revision.</p> <p>5/13/19</p>		

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{F 584}	<p>Continued From page 4</p> <p>Multiple rooms from 225 through 234 had wooden planks beneath the wardrobes. The planks had decayed and crumbled wood particles were observed on the floor. The Environmental Supervisor stated regardless of what they did it wouldn't stop the decayed wood from falling to the floor. He further stated each time it's touched more will fall because it's decayed, he didn't state he had notified anyone of the identified concern so maintenance or the Executive Director could develop a plan to combat the decay wood falling onto the floor.</p> <p>Room 229 was with excessive dried tube feeding and other dried liquids to the bedrails and floor. The bed linens were completely soiled, discolored, and stained. The Environmental Supervisor stated this is a "hot room". We clean it twice daily.</p> <p>The storage area where the wheel chair scale was stationed presented with a large amount of dust and the scale itself was fully covered with dust and other whitish debris. Also in that area for 2 days two pink clean linen carts were left, positioned in front of the scale.</p> <p>The Environmental Supervisor as well as the environmental personnel were noted with extremely dark water in the buckets and applying it to floors. The Environmental supervisor stated the procedure is to change the mop water after 3-4 rooms but more frequently if the water was really soiled and discolored. He further stated they have a lot of residents who venture outside the building and they bring a lot of dirt and debris into the facility thus they have more debris coming into the facility and need to change the mop water more often.</p>	{F 584}			

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{F 584}	<p>Continued From page 5</p> <p>On 4/22/19 at 11:45 a.m., 4/22/19 at 3:15 p.m., and 4/23/19 observations were made of room 121. There was a thick layer of dust on the floor behind her oxygen concentrator and underneath the AC/heating unit. A thick layer of dust was also observed on the wall behind the headboard of her bed.</p> <p>On 4/23/19 at 2:30 p.m., OSM (other staff member) #1, the housekeeping Director confirmed the above observations. OSM #1 stated, "Yes, I see that." OSM #1 then took a mop and wiped behind the oxygen concentrator, and underneath the AC/heating unit. As OSM#1 moped under the AC/heating unit, his mop grabbed wood debris from the resident's bedside table. OSM #1 picked up a big piece of wood debris from the floor and stated that it was rotted wood.</p> <p>Room 137 had a fall mat with dirt and debris, dusty blinds, dirt in the corners, dirt behind the door, discolored spots on the floor and plastic cups, medication cups and trash was observed beneath the A bed. Room 139 dirt and debris were observed to the floors. Room 143 floors were dirty around the edges and at the head of the bed. Room 163 floors were dirty. Room 164 floors were dirty along the wall, behind the bed, under the sink were cobwebs. Room 172 had dirt in the corners.</p> <p>Interviews were conducted with 3 alert and oriented residents concerning the cleanliness of their rooms and the overall environment on 4/23/19. Resident #107 was interviewed on 4/23/19 at approximately 2:50 p.m. His BIMS (Brief Interviews of Mental Status) was 15/15; he</p>	{F 584}			

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{F 584}	<p>Continued From page 6</p> <p>stated "this place is always filthy, toilets overflowing, dirt and dust everywhere and the bugs come out anytime and they are huge".</p> <p>An interview was conducted with Resident #111 on 4/23/19 at approximately 3:00 p.m., who's BIMS was 14/15. The resident stated they come in with the mop, take the trash out of the trash can and go out with the mop. Large dark spots which appeared to be spills not mopped up were adhered to the floor, at the foot of the resident's bed and directly beneath the resident's feet where she was seated in a chair a bedside.</p> <p>An interview was also conducted with Resident #112 on 4/23/19 at approximately 3:10 p.m., who's BIMS is 15/15; the resident stated "look at them, they're only cleaning because you all are here. I have to ask them to sweep and clean my room".</p> <p>The above information was shared with The Executive Director, the assistant executive director, the Director of Nursing and the Regional Director of Clinical Services on 4/24/19, at approximately 3:00 p.m. The Executive Director stated she sees the environmental staff mopping therefore she couldn't understand how the facility was considered not homelike. She also stated they did environmental rounds on the rooms previously identified with concerns but didn't round all rooms routinely.</p>	{F 584}			
{F 761} SS=D	<p>Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2)</p> <p>§483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted</p>	{F 761}		5/13/19	

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{F 761}	<p>Continued From page 7</p> <p>professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>§483.45(h) Storage of Drugs and Biologicals</p> <p>§483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>§483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, staff interviews and facility documentation review the facility staff failed to ensure medications were stored in a secured location, accessible to designated staff only on 1 of 4 units (Unit 1-B).</p> <p>The facility staff failed to ensure that 1 of 4 treatment carts was locked when not under direct supervision in an area where residents could access it.</p> <p>The findings included:</p> <p>Resident #101 was originally admitted on 08/10/2018 with a readmission date of</p>	{F 761}	<p>F761 Label / Storage drugs and biologicals RN #1 was educated by the Director of Clinical Services on 4/25/2019 regarding securing medication and treatment supplies in a secure location when not under the direct supervision. Current Residents receiving medications and treatments have the potential to be affected. An audit was completed on 4/25/19 to ensure all medication and treatment supplies were in a secure location. No other issues were identified. The SDC and or designee will educate the License staff on ensuring medication are</p>		



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{F 761}	<p>Continued From page 8</p> <p>03/29/2019. Diagnosis for Resident #101 included but are not limited to, Non-Pressure Chronic Ulcer of Left and Right Heel and Midfoot Limited to Breakdown of Skin, Peripheral Vascular Disease and Type 2 Diabetes Mellitus. Resident #101's Minimum Data Set (MDS-an assessment protocol) with an Assessment Reference Date of 04/05/2019 coded Resident #101 with a BIMS (Brief Interview for Mental Status) score of 10 indicating moderate cognitive impairment. In addition, the Minimum Data Set coded Resident #101 as requiring extensive assistance of 2 for bed mobility, transfer and dressing, total dependence of 1 for personal hygiene and total dependence of 2 for toilet use and bathing.</p> <p>On 04/23/2019 at approximately 12:45 p.m., the Surveyor observed Registered Nurse (RN #1) pull wound medications and treatment supplies from treatment cart in hallway, outside of room (number), for wound care on Resident #101. The RN and surveyor walked into the resident's room, the surveyor turned around and observed the treatment cart facing away from the room, cart doors were open and unlocked, the RN closed the door to Resident #101's.</p> <p>On 04/23/2019 at approximately 1:25 p.m., RN #1 told the Certified Nursing Assistant (CNA) assisting with wound care that she was going to tell the medication nurse that the resident needed medication for pain. RN #1 and the surveyor went to the nurse's station and RN #1 made the medication nurse aware of the resident's complaint of pain during wound care. The medication nurse stated that she would medicate Resident #101. On the way back to room (number), RN #1 asked another nurse in the hall,</p>	{F 761}	<p>appropriately stored completed on 5/9/19. The DCS and or designee will audit to ensure that medication and treatment storage are secured when not under direct supervision five times week for one week, two times a week for two weeks, weekly for two weeks and then monthly for two months the results will be reported to the Quality Assurance Performance Committee by the DCS for four months for further compliance and / or revisions. 5/13/19.</p>		

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{F 761}	<p>Continued From page 9</p> <p>"Can you unlock the treatment cart?" RN #1 then stated, "Someone keeps locking it." The Surveyor asked RN #1, "What is kept in the drawers of the treatment cart?" RN #1 stated, "The resident's treatment medications and supplies."</p> <p>At approximately 1:30 p.m. on 04/23/2019, the medication nurse told RN #1 that she medicated Resident #101. RN #1 and the surveyor reentered room (number). RN #1 told Resident #101 that she would return later to complete the treatments after the pain medication had time to be effective. Surveyor observed RN #1 pick up tubes of Santyl ointment and Venelex ointment in her hand as she walked out of the room. The Surveyor followed RN #1 out of the room and observed her place the tubes of ointment on the treatment cart outside of the room. RN #1 then picked up a plastic bag and went back into room (number) leaving the tubes of ointment out of visual sight and proceeded to gather up the trash. Surveyor followed RN #1 down to the dirty utility room where she disposed of the trash. RN #1 then went across the hall to the nurse's station bathroom and washed her hands with soap and water. Another nurse brought the treatment cart up to the nurse's station.</p> <p>On 04/23/2019 at 3:10 p.m., RN #1 made the surveyor aware that she was going to go back to Resident #101's room to finish her wound care. The Surveyor followed RN #1 back to Resident #101's room. The surveyor observed RN #1 pull the wound medications and treatment supplies from the cart and enter room (number). The surveyor and RN #1 walked into the room, the surveyor turned around and observed the treatment cart in the hallway with the cart doors open and unlocked, the RN then closed the door</p>	{F 761}			

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{F 761}	<p>Continued From page 10</p> <p>to the room. The Surveyor did not observe any nursing staff in the hallway when entering room (number).</p> <p>An interview was conducted with RN #1 on 04/24/2019 at 10:30 a.m. The Surveyor asked RN #1, "When you leave the treatment cart what should you do?" RN #1 stated, "I should make sure that the cart is locked or put towards the door." RN #1 was asked, "Why should the treatment cart be locked when you leave it?" RN #1 stated, "We have some confused residents that could take scissors or what have you. It's a safety issue." The Surveyor stated to RN #1, "I observed you leaving the treatment cart unlocked several times yesterday, walking into the resident's room and closing the room door. I also observed you placing tubes of ointment on top of the cart and leaving them unsupervised. Do you remember doing that?" RN #1 stated, "Yes, I did that." RN #1 was asked, "What should you have done before walking away from the cart?" RN #1 stated, "I should have removed everything from the top of the cart. I should have cleaned the tubes of medication and put them away and then locked the cart."</p> <p>On 04/24/2019 at 1:30 p.m., during a briefing, the Administrator and Director of Nursing (DON) were made aware of the finding. The Surveyor requested the facility policy on storing medications.</p> <p>On 04/24/2019 at 2:45 p.m., an interview was conducted with the DON. The DON was asked, "What are your expectations of the nurses before they walk away from a cart with medications on top?" The DON stated, "To put the medications in the cart." The DON was asked, "Should the cart</p>	{F 761}			

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{F 761}	Continued From page 11 be locked when the nurse walks away and can't see it?" The DON stated, "Yes if the cart is not observed." Copy of facility policy was received, titled 5.3 Storage and Expiration of Medications, Biologicals, Syringes and Needles (Last revision date: 04/05/2019). No further information was provided by the facility staff.	{F 761}			
{F 880} SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)  §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.  §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:  §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;  §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or	{F 880}		5/13/19	

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{F 880}	<p>Continued From page 12</p> <p>infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview the facility staff failed to maintain good infection</p>	{F 880}	F880 Infection Prevention A. Nurse was provided education on		

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{F 880}	<p>Continued From page 13</p> <p>control practices during the provision of care for 1 of 12 residents (Residents #104), in the survey sample.</p> <p>The facility staff contaminated Residents #104's left buttock pressure ulcer prior to applying the dressing.</p> <p>The findings included:</p> <p>Resident #104 was originally admitted to the facility 10/4/18 and was readmitted to the facility 4/1/19, after an acute care hospital stay. The resident's diagnoses included; a surgical wound infection, peripheral vascular disease, pressure ulcers and hyperlipidemia.</p> <p>The significant change Minimum Data Set (MDS) assessment with an assessment reference date (ARD) of 3/20/19 coded the resident as completing the Brief Interview for Mental Status (BIMS) and scoring 11 out of a possible 15. This indicated Resident #104's cognitive abilities for daily decision making were moderately impaired.</p> <p>In section "G" (Physical functioning) the resident was coded as requiring total care of one people with bathing, limited assistance of one with bed mobility, transfers, and toileting, and personal hygiene, limited assistance after set-up with dressing, eating, and locomotion.</p> <p>In section "M" (Skin Condition) the resident was coded as having an one stage 1 pressure ulcer, one unstageable pressure ulcer related to slough/eschar and one unstageable pressure ulcer related to suspected deep tissue injury.</p> <p>The current physician orders revealed the following pressure ulcer treatment orders;</p>	{F 880}	<p>providing wound care and infection control practices by the Director of Clinical Services on 4/25/2019. No adverse effects or infection occurred to the resident#104.</p> <p>Current residents during dressing change have the potential to be affected. An audit was completed on 4/25/19 to ensure no other infection control practices were inappropriate. No other residents were affected.</p> <p>The SDC and or designee will educate the License staff on clean dressing change to ensure appropriate infection control practices completed 5/9/19.</p> <p>The Unit Mangers and or designee will audit to ensure infection control procedures are appropriate with wound care five times week for one week, two times a week for two weeks, weekly for two weeks and then monthly for two months the results will be reported to the Quality Assurance Performance Committee by the DCS for four months for further compliance and / or revisions. 5/13/19</p>		

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{F 880}	<p>Continued From page 14</p> <p>4/1/19 Santyl Ointment, apply to left buttock topically everyday shift. Cleanse area on the left buttock, pat dry, apply nickle thick Santyl, then cover with a dry dressing.</p> <p>4/1/19 Hydrogel Gel, apply to the right side buttock topically every day shift for pressure ulcer. Cleanse area on the right buttock with normal saline, pat dry, apply Hydrogel, then cover with a dry dressing.</p> <p>An observation of Resident #104's pressure ulcers dressing change on 4/23/19, at 4:10 p.m. was made and revealed an unstageable pressure ulcer to bilateral buttocks and a newly identified suspected deep tissue injury was observed to the upper right buttock.</p> <p>Resident #104 was observed in bed lying on the top spread with no protective pad or linens between him and the bed linens. The wound care nurse removed his pants and all old dressings from bilateral buttock, the right buttock dressing wasn't on the pressure ulcer but below it.</p> <p>The wound care nurse cleaned and dressed the left stump surgical wound, the right buttock pressure ulcer and the right upper buttock newly identified suspected deep tissue injury. She then washed her hands, donned gloves, cleaned the left buttock pressure ulcer with saline soaked gauze times two and pat it dry. The wound care nurse then identified she didn't have a dry gauze to apply to the left buttock pressure ulcer therefore, she explained to the resident she needed to return to the treatment cart to get another dressing to complete the the left buttock wound care. The Wound care nurse pulled the bed spread over the resident and the already</p>	{F 880}			

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{F 880}	<p>Continued From page 15</p> <p>cleaned left buttock pressure ulcer to maintain his privacy while not working with him. Upon returning to the room the wound care nurse washed her hands, removed the bedspread to expose the left buttock pressure ulcer, removed her gloves, sanitized her hands, donned gloves, applied Santyl to the pressure ulcer, applied saline soaked gauze over the Santyl and applied a dated dry silicone dressing to cover the left buttock pressure ulcer. The wound care nurse assisted the resident to position in bed comfortably until she was able to obtain clean clothing for the resident to wear. She removed her gloves, sanitized her hands, donned new gloves and removed all used products, cleaned the tabled and discarded the trash.</p> <p>An interview was conducted with the wound care nurse on 4/24/19, at approximately 2:10 p.m., she stated she didn't re-clean the left buttock pressure ulcer after covering it with the bed linens and prior to applying the Santyl and completing the dressing change.</p> <p>On 4/24/19, at approximately 3:00 p.m. the above findings were shared with the Administrator, Assistant Administrator, the Director of Nursing and the Regional Director of Clinical Services. An opportunity was given for the facility to provide additional information but they did not.</p> <p>The facility's policy with a revision date of 12/6/17 read; a clean dressing will be applied by a nurse as ordered to promote wound healing. Under procedure it stated remove and dispose of soiled dressings, remove gloves, perform hand hygiene, apply gloves, cleanse wound as ordered, dispose of gauze, remove gloves, perform hand hygiene, apply treatment as ordered and a clean dressing.</p>	{F 880}			



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